

Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. P.B. premalatha i: pufmor ~ trob

Designation:

Department:

Event Details:

Event Name:

0g snion

Event Date(s):

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
11/12/22	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	1 d 12,5001-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

P. B. Prena Leber Employee Sign

Dean Sign

Accounts Officer Sign



The Obstetric & Gynaecological Society of Southern India



CASH RECEIPT

Date: 11-12-2022

No.: 7942

Received Rs	12500	in words	Twelve Thousand and Five hundred only
from		Di	r.P.B. Premalatha
for		0	gssicon

Computer generated receipt and not required manual signature

Received by



Rathinamangalam, Melakkottalyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. p. B. premilatha on: profince a rod

Designation:

Department:

Event Details:

Event Name:

International conference Usogymon 25/6/22

Event Date(s):

Event Location:

Expense Details:

Date	Expense Description		Amount in rupees	Receipt Attached?
25/6/22	Registration Fee			Yes / No
	Travel Expenses /			Yes / No
	Accommodation Expenses			Yes / No
	Food Expenses			Yes / No
	Other Expenses		1	Yes / No
	Total	11	\$12,5001-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

UROGYNCON

Chengalpattu Medical College, Tamil Nadu

CASH RECEIPT

Date	25-06-2022		No.: 6579
Received fr	rom Mr/Mrs/Ms/Dr	Dr.P.B. Premalatha	the sum of Rupees
	Twelve Ti	nousand and Five hundred only	-
for	Internat	tional Conference Urogyncon-22	и
Rs	12500	Received by: _	curtick
	Computer gen	erated receipt and may not required manual signature	



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. P.B. premaletha on: perferres a HOD int: OBG

Designation:

Department:

Event Details:

Event Name:

Unical meeting 019

Event Date(s):

Event Location:

Expense Details:

Date	Expense Description	A	Amount in rupee	es	Receipt Attached?
31/5/22	Registration Fee)			Yes/No
	Travel Expenses				Yes / No
	Accommodation Expenses		,		Yes / No
	Food Expenses			-	Yes / No
	Other Expenses		0	_1	Yes / No
100000	Total		2 12,500	/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate. P. B. Piemold Employee Sign

Accounts Officer Sign

Dean Sign



The Obstetric & Gynaecological Society of Southern India



CASH RECEIPT

Date: 31-05-2022

No.: 6248

Received Rs	12500	in words	Twelve Thousand and Five hundred only
from		Dr.	P.B. Premalatha
for		Clinic	al Meeting

Computer generated receipt and not required manual signature

Received by



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. I. Gurnbarath Amitant profusor. nt: Krchiology

Designation:

Department:

Event Details:

Event Name:

Event Date(s):

Judian kadiologial a junging arrogation

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
25/3/22	Registration Fee	1	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses	/	Yes / No
	Total	2 10,000 1-	-

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign

DEAN TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.

Employee Sign



IRIA Karnataka State Chapter

CASH RECEIPT

Date: 25-03-2022

No.: 4381

Received from Mr/Mrs/Ms/Dr		Dr. I. Gurubharath	the amount of Rupees			
	Ten Thousand only					
for .	Indian Ra	ndiological and imaging association	1			

Rs.____10000

Lime

Computer generated receipt and may not required manual signature

Received by



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Designation: Professor

Department: Anes Messor

Event Details:

Event Name:

World young Doctors day Conference 2n/6/22

Event Date(s):

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
24/6/22	Registration Fee	(1)	Yes / No
	Travel Expenses		Yes / No
-	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	£ 18,9001-	-

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

DEAN TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.



Indian Medical Association -JDN and IMA TNSB



CASH RECEIPT

Date: 24-06-2022

No.:

1483

Amount (Rs):

18900/-

Dr Shankar Anand the sum of Rupees Received from_ Eighteen thousand and nine hundred only **World Young Doctors Day Conference** for the purpose of_

Receiver Signature

6. Clast

Computer generated receipt and not required manual signature



Rathinamangalam, Melakkottalyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. Shanlear Anand n: professor t: Averthern

Designation:

Department:

Event Details:

Event Name:

Aasaan Awards 22- BLS modrhop n/9/22

Event Date(s): Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
n/9/22	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	£ 3000 l-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

DEAN TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST,

CHENNAI-600 127.



Indian Medical Association - JDN and IMA TNSB



CASH RECEIPT

Date:		04-	09-	2022

No.: 1628

Amount (Rs): 3000/-

Received from	Dr Shankar Anand	the sum of Rupees
	Three thousand only	
for the purpose of	Aasaan Awards 22 - BLS Work	kshop

Receiver Signature

6. Clast

Computer generated receipt and not required manual signature



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Designation:

Pr. Kamya K Arristont Professor Paedeatres

Department:

Event Details:

Event Name:

communication with familier of children with company

Event Date(s):

112/01/12

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	n	Yes / No
	Travel Expenses	2000	Yes / No
	Accommodation Expenses		Yes / No
2 0	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign

DEAN TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.

Employee Sign



Date: 11-01-2022

No.: 5247

Amount (Rs): 2000/-

Received from _____ the sum of Rupees

Two thousand only

for the purpose of ____ Communication With Families Of Children With Covid-19 Infection

Receiver Signature

Computer generated receipt and not required manual signature



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. Ranyak

Designation:

paedeatre

Department:

Event Details:

Event Name:

Emoteon Prepared nurs to care for world in patrents
20/01/2022

Event Date(s):

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	(000)	Yes / No
	Travel Expenses)	Yes / No
	Accommodation Expenses	2000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	3000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate. Range R

Employee Sign

Accounts Officer Sign

TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.



Date:	20-01-2022	
No.:	5673	
Amount (Rs):	3000/-	

Received from	Dr. Ramya R	the sum of Rupees
	Three thousand only	
for the purpose of Emotion Preparedness To Care For Covid-19 Patie		ovid-19 Patients

Receiver Signature

Computer generated receipt and not required manual signature



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. Langa R

Designation:

Acceptant professor Paudeatres

Department:

Event Details:

Event Name:

Quananter of Tholateon

Event Date(s):

20/01/22

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	1000	Yes/No
	Travel Expenses	Λ	Yes / No
	Accommodation Expenses	1000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign

Dean Sign



Date:	20-01-2022	
No.:	5871	
Amount (Rs):	2000/-	

Received from	Dr. Ramya R	the sum of Rupees
	Two thousand only	
for the purpose of	Quarantine And Isolation	

Receiver Signature

Computer generated receipt and not required manual signature

TAGORE MEDICAL COLLEGE & HOSPITAL
Chennai-600 127.



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information	n	
----------------------	---	--

Name:

Designation:

Pr. Ranya K Drisstant profuso. epen. Poedeotres

Department:

Event Details:

cleneral transperment of cored is en Fidult

Event Name:

Event Date(s):

Event Location:

Expense Details:

Date	Expense Description		Amount in rupees	Receipt Attached?
	Registration Fee		(200)	Yes/No
	Travel Expenses			Yes / No
3	Accommodation Expenses		2000	Yes / No
	Food Expenses			Yes / No
	Other Expenses	/)	Yes / No
	Total		3 000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign



Date:	10-01-2022	
No.:	5164	
Amount (Rs):	3000/-	

Received from	Dr. Ramya R	the sum of Rupees
	Three thousand only	
for the purpose of	Clinical Management Of Covid-19 In Ac	dult Patients

Receiver Signature

Computer generated receipt and not required manual signature



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Emp	lovee	Informa	ation:
	,,,,,,		

Name:

Pr. Ranya R

Designation:

Poulenkari

Department:

Event Details:

Event Name:

Event Date(s):

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee)	Yes / No
	Travel Expenses	1 2000	Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses)	Yes / No
	Total	2000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Large Employee Sign

Accounts Officer Sign

DEAN TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.



Date:	20-01-2022	
No.:	6423	
Amount (Rs):	2000/-	

Received from	Dr. Ramya R	the sum of Rupees
· · · · · · · · · · · · · · · · · · ·	Two thousand only	
for the purpose of	Proning Of Self Care	

8

Receiver Signature

Computer generated receipt and not required manual signature

TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, Chennai-600 127.



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Empl	lovee	Inform	ation:

Name:

Designation:

Dr. Ranya K Armtant Professor Parchahars

Department:

Event Details:

Event Name:

could Appropriate behaveour

Event Date(s):

20/01/2012

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	1,500	Yes/No
	Travel Expenses		Yes / No
	Accommodation Expenses	1000	Yes / No
	Food Expenses		Yes / No
	Other Expenses)	Yes / No
	Total	2500	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Dean Sign

Accounts Officer Sign

DEAN TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST,

CHENNAI-600 127.



Date:	20-01-2022	
No.:	6691	
Amount (Rs):	2500/-	

Received from	Dr. Ramya R	the sum of Rupees	
	Two thousand and five hundred only		
for the purpose of	Covid Appropriate Behaviour (Cab)		

Receiver Signature

Computer generated receipt and not required manual signature



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Designation:

Pr. Kanya K Axtertant professor Pauleo. Heis

Department:

Event Details:

Event Name:

Laboratory dample collecteon a textery
20/01/12

Event Date(s):

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	0	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	3100	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	3100	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign



Date: 20-01-2022

No.: 6975

Amount (Rs): 3500/-

Received from	Dr. Ramya R	_the sum of Rupees
	Three thousand and five hundred only	¥
for the purpose of	Laboratory Sample Collection And Testing	
for the purpose of	Laboratory Sample Collection And Testing	

Receiver Signature

Computer generated receipt and not required manual signature



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Designation:

Dr. Ramy a K Arrestent professor Poudro-trees

Department:

Event Details:

Event Name:

cored in History talking of Physpial examination

Event Date(s):

20/01/12

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	6000	Yes / No
la la	Travel Expenses)	Yes / No
	Accommodation Expenses	(000	Yes / No
	Food Expenses		Yes / No
	Other Expenses	J	Yes / No
	Total	2000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign DEAN



Date: 20-01-2022

No.: 7158

Amount (Rs): 2000/-

Received from	Dr. Ramya R	the sum of Rupees
	Two thousand only	
for the purpose of	Covid-19 History Taking And Physical E	xamination

Receiver Signature

Computer generated receipt and not required manual signature



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee	Inform	ation
Tarrel to lee		

Name:

D. Vanua K

Designation:

Devetone professor

Department:

Parter treve

Event Details:

Event Name:

mus of ble to roug a

Event Date(s):

20/01/12

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	1	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	1,500	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total		

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.

Employee Sign

Accounts Officer Sign



Date: **20-01-2022**No.: **7345**

1500/-

Received from _____ the sum of Rupees

Amount (Rs):

One thousand and five hundred only

for the purpose of _____ Use Of Personal Protective Equipment (Ppe) For Covid-19

Receiver Signature

Computer generated receipt and not required manual signature

TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, Chennai-600 127.



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. R. Ramya Designation: Associate Professor

Department: Pediations

Event Details:

Event Name: Oral Care Protocol for borid 19 Hospitazided Pontients

Event Date(s): 20/1/22

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2500	Yes/No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2500	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

DEAN TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.



Date: 20-01-2022

No.: 7594

Amount (Rs): 2500/-

Received from	Dr. Ramya R	the sum of Rupees
	Two thousand and five hundred only	
for the purpose of	Oral Care Protocol For Covid-19 Hospitaliz	zed Patients

Receiver Signature

Computer generated receipt and not required manual signature

4



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. R. Ramya
Designation: Associate Professor
Department: Pediatrics

Event Details:

Event Name: Covid-19 Drug Thorapy

Event Date(s): 20/1/22

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2000	Yes / No
	Travel Expenses		Yes / No
=	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2000	

Declaration

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Accounts Officer Sign

DEAN TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.



Date:	20-01-2022	
No.:	7821	
Amount (Rs):	2000/-	

Received from	Dr. Ramya R	the sum of Rupees
	Two thousand only	
for the purpose of	Covid-19 Drug Therapy	

Receiver Signature

Computer generated receipt and not required manual signature



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. R. Pamya Designation: Associate Professor

Department: Pediatrics

Event Details:

Event Name: Boosting Immunity to fight Govid-19 Event Date(s): 20/1/22

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	(1000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	3000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.

DEAN



Date:	20-01-2022	
No.:	8269	
Amount (Rs):	3000/-	

Received from	Dr. Ramya R	_ the sum of Rupees
	Three thousand only	
for the purpose of	Boosting Immunity To Fight Covid-19	

Receiver Signature

Computer generated receipt and not required manual signature

T



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. R. Ramya Designation: Associate. Professor

Department: Pediatrics

Event Details:

Event Name: PPE-Donning 2 Doffing

Event Date(s): 20/1/22

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	1000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	2000	Yes / No
	Food Expenses		Yes / No
	Other Expenses	J	Yes / No
	Total	3000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.



Date:	20-01-2022	
No.:	8547	
Amount (Rs):	3000/-	

Received from	Dr. Ramya R	the sum of Rupees
	Three thousand only	
for the purpose of	Ppe- Donning And Doffing	

Receiver Signature

Computer generated receipt and not required manual signature

TAGORE MEDICAL COLLEGE & HOSPITAL-RATHINAMANGALAM, MELAKOTTAIYUR POST, Chennai-600 127.



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Ramya . R Designation: Associate Professor

Department: Pediatrics

Event Details:

Event Name: Manggement of DM:n Corid-19
Event Date(s): 20/1/22

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
= =	Registration Fee	1000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	7 1000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.



Date:	20-01-2022	
No.:	8976	
Amount (Rs):	2000/-	

Received from	Dr. Ramya R	the sum of Rupees
	Two thousand only	
for the purpose of	Management Of Diabetes Mellitus In C	Covin-19

Receiver Signature

Computer generated receipt and not required manual signature

TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, Chennai-600 127.



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. R. Ramya Designation: Associate Professor

Department:

pediatrics

Event Details:

Event Name: Prevention of lorid-19 Spread in AGIP

Event Date(s): 20/1/22

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Dean Sign

Accounts Officer Sign

DEAN TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.



Date:	20-01-2022	
No.:	9471	
Amount (Rs):	2000/-	

Received from	Dr. Kamya K	the sum of Rupees
	Two thousand only	
for the purpose of_	Prevention Of Covind-19 Spread In Aerosol Genera	ating Procedures (Agp)

Receiver Signature

Computer generated receipt and not required manual signature

TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST.
Chennai-600 127.



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. R. Ramya Designation: Assaiate professor

Department: Pediatrics

Event Details:

Event Name: Manage ment of Biomedical Waste Event Date(s): 20/1/22

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	3000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	3000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

DEAN TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.



Date:	20-01-2022	
No.:	9628	
Amount (Rs):	3000/-	

Received from	Dr. Ramya R	the sum of Rupees
3	Three thousand only	
for the purpose of	Management Of Biomedical Waste	

Dr.

Receiver Signature

Computer generated receipt and not required manual signature

TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POSI, Chennai-600 127.



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. R. Ramya
Designation: Associate professor
Department: Dediatrics

Event Details:

Event Name:

Pulse Oximeter

Event Date(s): 20/1/22

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2000	Yes / No
-	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

TAGORE MEDICAL COLLEGE & HOSPITAL DEAN RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.



Date:	20-01-2022	
No.:	9972	
Amount (Rs):	2000/-	

Received from	Dr. Ramya R	the sum of Rupees
	Two thousand only	
for the purpose of	Pulse Oximeter	

Receiver Signature

Computer generated receipt and not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. R. Ramya Designation: Associate professor Department: Pediatrics

Event Details:

Event Name:

Covid-19 Investigations

Event Date(s): 2v/1/22

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2500	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2500	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

DEAN TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.



Date: 21-01-2022

No.: 10562

Amount (Rs): 2500/-

Received from	Dr. Ramya R	the sum of Rupees	
	Two thousand and five hundred only		
for the purpose of	Covid-19 Investigations		

Zr.

Receiver Signature

Computer generated receipt and not required manual signature

June

TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, Chennai-600 127.



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Rumya. R Designation: Associate Professor

Department: Pediatics

Event Details:

Event Name: Post Discharge care of Covid-19 Patients

Event Date(s): 20/1/22

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Dean Sign

Accounts Officer Sign

TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.



Date: 21-01-2022

No.: 10987

Amount (Rs): 2000/-

Received from	Dr. Ramya R	_the sum of Rupees
	Two thousand only	
for the purpose of	Post Discharge Care Of Covid-19 Patients	

Receiver Signature

Computer generated receipt and not required manual signature

TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, Chennai-600 127.



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. R. Ramya Designation: Associate Professor

Department: Pediatrics

Event Details:

Event Name: Covid-19 Vaccincution in Pregnancy & Lactation

Event Date(s): 20/1/22

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	3000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	3000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign

TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.

Dean Sign

Employee Sign



Date: 21-01-2022

No.: 11256

Amount (Rs): 3000/-

Received from	Dr. Ramya R	the sum of Rupees
	Three thousand only	
for the purpose of	Covid-19 Vaccination In Pregnancy And Lac	etation

Receiver Signature

Computer generated receipt and not required manual signature

TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. R. Ramya Designation: Associate Professor

Department: Redigatics

Event Details:

Event Detaus:

Event Name: Counselling & Continuation of Family Planning
Services

Event Date(s): 20/1/22

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	1500	Yes/No
	Travel Expenses		Yes / No
	Accommodation Expenses	2000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
560	Total	3500	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Dean Sign

Accounts Officer Sign

TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.



Date: 21-01-2022

No.: 11458

Amount (Rs): 3500/-

Received from	Dr. Ramya R	the sum of Rupees
	Three thousand and five hundred only	-
for the purpose of	Counselling And Continuation Of Family Plann	ing Services

Receiver Signature

Computer generated receipt and not required manual signature

TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, Chennai-600 127.



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Designation:

Surmitur see R on: Anniturnt professe nt: Biochemistry

Department:

Event Details:

Event Name:

Biomedical Research

Event Date(s):

17/8/22

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
17/8/22	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	9	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	£ 1000 (-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign

DEAN TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.

Employee Sign

Dean Sign



Exam Registration: Payment Successful

1 message

<exam@nptel.iitm.ac.in>
To: sumithasree2534@gmail.com

Wed, 17 Aug 2022 at 8:39 pm

Hello SUMITHASREE R,

Your payment for the following course(s) is successful.

Course	Amount
Basic course in Biomedical Research	₹1000

Here are your transaction details:

Transaction ID 9279f67c7c1143f59cd897d406d7f35b

Billdesk Reference YHD41355989844

Date 17/08/2022 20:38:41 IST

Total Amount ₹1000

For any grievance contact support : support@nptel.iitm.ac.in

If your transaction was successful, payment receipts will be available once the form closes.

J. ...

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Do Ramya R

Designation: Perferrer

Department: ped alum

Event Details:

Event Name:

Grief conserbinj

Event Date(s):

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
21/1/22	Registration Fee		Yes/No
	Travel Expenses		Yes / No
	Accommodation Expenses	<u></u>	Yes / No
	Food Expenses		Yes / No
961	Other Expenses		Yes / No
	Total	d 30001-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

DEAN TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.

Dean Sign



Date: 21-01-2022

No.: 11735

Amount (Rs): 3000/-

Received from	Dr. Ramya R	the sum of Rupees
	Three thousand only	
for the purpose of	Grief Counselling	

Receiver Signature

Computer generated receipt and not required manual signature

TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, Chennai-600 127.



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. C. Siraguennathom n: Assovate perferos t: psm

Designation:

Department:

Event Details:

Global Adolescent Health

Event Name:

Event Date(s):

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
24/10/22	Registration Fee		Yes / No
	Travel Expenses	14	Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses	7	Yes / No
	Total	931-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

DEAN TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST,



PAYMENT RECEIPT

Date: 24-10-2022 No.: 4682

Payment Mode: Credit Card

Received AUD 95/-

from _____ for the course

Global Adolescent Health

Computer generated receipt does not required manual signature

TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, Chennai-600 127.



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. R. Natarajan

Designation: Associate Proffessor

Department: General Surgery

Event Details:

Event Name: Medical Image processing and 3D Appliances

Event Date(s): 5/07/21

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	3000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses	7000	Yes / No
	Other Expenses		Yes / No
	Total	10,000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

CHENNAI-600 127.

Employee Sign

Accounts Officer Sign

Dean Sign





All India Council For Technical Education

Nelson Mandela Marg, Vasant Kung, New Delhi - 110 070

PAYMENT RECEIPT

Date: 05-07-2021

No.: 4235

Received Rs 10000/-

from _____ Dr. Natarajan Ramalingam

for Medical Image Processing And 3D Applications

DEAN GORE MEDICAL COLLEGE & HOSPITAL

Authorized Signature

Computer generated receipt does not required manual signature



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Radhika Dinesh Designation: Amenate professor Department: Ophthalmshopy

Event Details:

Event Name:

Remised Barre course medishop a AFTLOM

Event Date(s):

30/9/21

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
20/9/21	Registration Fee	1)	Yes / No
	Travel Expenses	<u> </u>	Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	\$ 1200 -	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.



Rathinamangalam, Melakottaiyur Post, Chennai - 600127.

Phone: 044 30101111, Fax: 044-222 5555, Email: tagoremch@gmail.com



Affiliated to the Tamil Nadu Dr.MGR Medical University & Recognized by the Ministry of Health & Family welfare Govt. of India New Delhi

Payment Receipt

	Date:	30-09-2021		No.: 21996
Red	ceived fro	om Mr/Mrs/Ms/Dr	Dr.Radhika Dinesh	the sum of Rupees
		On	Thousand and Five hundred only	
for		Revis	ed Basic Course Workshop & AETC	OM
	Cash UPI	~	Rs	1500/- by:

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. I. Kannan

Designation:

Assistant preferror Michology

Department:

Event Details:

Event Name:

National 2- conference on Antinoveroboral 1/7/21

Event Date(s): 1/7/21

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
1/7/21	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	5	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2 5,0001-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign

Dean Sign

DEAN TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.





Date: 01

759

No.:

01-07-2021

NATIONAL E-CONFERENCE ON "ANTIMICROBIAL STEWARDSHIP: A REVISIT" - 2017

Received from M	r/Mrs/Ms/Dr	Dr. I. Kannan	the amount of Rupees
		Five Thousand only	
for	National E-confe	erence on Anti Microbial Stewa	rdship

Rs. **5000**

Lime

Computer generated receipt and may not required manual signature

Received by

TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.



EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Shankar Anand

Designation: Associate Professor

Department: Anasthesiology

Event Details:

Event Name: Nortional Medical Conference Meet 2021

Event Date(s): 24/4/2021

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	3000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	7 11,100	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	14,100	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign



SANGEETHA HEALTH & EDUCATIONAL GROUP

Tharamani, Chennai - 600 113

CASH RECEIPT

Date: 24-04-2021		No.: 1725
Received from Mr/Mrs/Ms/Dr	Dr Shankar Anand	the sum of Rupees
Four	teen thousand and one hundred only	
forNa	ational Medical Conference Meet 2021	
Rs. 14100/-		Shahj
Computer generated receipt and may no	ot required manual signature	Received by

TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.



Rathinamangalam, Melakkottalyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Dr. P. Natarajan

Designation: Associate proffessor

Department: Oreneral Surgery

Event Details:

Event Name: Revised Basic Course workshop and Aftrom

Event Date(s): 30/9/21

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	1500	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	1500	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign



Rathinamangalam, Melakottaiyur Post, Chennai - 600127.

Phone: 044 30101111, Fax: 044-222 5555, Email: tagoremch@gmail.com



Affiliated to the Tamil Nadu Dr.MGR Medical University & Recognized by the Ministry of Health & Family welfare Govt. of India New Delhi

Payment Receipt

	Date	30-09-2021		No.: 21986							
Rec	ceived fr	om Mr/Mrs/Ms/Dr	Dr. R	R. Natarajan	the sum of Rupees						
	One Thousand and Five hundred only										
for		Revis	Vorkshop & AETCOM	1							
	Cash	V		Rs	1500/-						
	UPI			Received by:	R. Mar						

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. Anand leartheleigen Professor

Designation:

Department:

Event Details:

Event Name:

Remed Barre woude workshop 9 AFTEDM 30/09/21

Event Date(s):

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	7	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	1500	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	1700	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

DEAN TAGORE MEDICAL COLLEGE & HOSPITAL RATHINAMANGALAM, MELAKOTTAIYUR POST, CHENNAI-600 127.

Dean Sign



Rathinamangalam, Melakottaiyur Post, Chennai - 600127. Phone: 044 30101111, Fax: 044-222 5555, Email: tagoremch@gmail.com



Affiliated to the Tamil Nadu Dr.MGR Medical University & Recognized by the Ministry of Health & Family welfare Govt. of India New Delhi

Payment Receipt

	Date:	30-09-2021		No.: 22004			
Re	Received from Mr/Mrs/Ms/Dr Dr.An			nand Karthikeyan	the sum of Rupees		
		Or	e Thousand and	Five hundred only			
for	forRevised Basic Course Workshop & AETCOM						
	Cash	✓		Rs	1500/-		
	UPI			Received by:	R. Yac		

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



Rathinamangalam, Melakkottalyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. M. Vami

Designation: A professor

Department: Anatomy

Event Details:

Event Name:

National E-Conference in Anatomy

Event Date(s):

17 (7/21

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
17/7/21	Registration Fee	7	Yes / No
	Travel Expenses	Λ	Yes / No
	Accommodation Expenses	4	Yes / No
	Food Expenses		Yes / No
	Other Expenses	1	Yes / No
	Total	25,000 -	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign







BHARATH INSTITUTE OF HIGHER EDUCATION AND RESEARCH SRI BALAJI MEDICAL COLLEGE AND HOSPITAL

CASH RECEIPT

Date: 17-07-2021		No.: 1432
Received from Mr/Mrs/Ms/Dr.	Dr. M. Vani	the amount of Rupees
-	Five Thousand only	
for	National E-conference in Anatomy	
Rs 5000		
Computer generated receipt and may	not required manual signature	Received by



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. Norterajan Ramalingam. :: proferor :: y eneral sugery

Designation:

Department:

Event Name: Good climical fried pentiles

Event Date(s): [7/4/2]

Event I ami

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
17/7/21	Registration Fee)	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	4	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2 10,000 1-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Noyee Sign

Accounts Officer Sign

Dean Sign







National Accreditation Board for Hospitals & Healthcare Providers

PAYMENT RECEIPT

Date: 17-07-2021

No.: 2513

Received Rs 10000/-

from Mr/Mrs/Ms/Dr._____ Dr. Natarajan Ramalingam

for _____ Good Clinical Trial Practices

Authorized Signature

TAGORE MEDICAL COLLEGE & HOSPITAL

Computer generated receipt does not required manual signature



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee	Information:
----------	--------------

Name:

Dr. D. H. Goporlan

Designation: Perferrer n the D
Department: Anatomy

Event Details:

Event Name:

National E- conference in Analony

Event Date(s):

17/7/21

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
14/4/4	Registration Fee		Yes / No
100	Travel Expenses		Yes / No
	Accommodation Expenses	1	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	25,0001-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign







BHARATH INSTITUTE OF HIGHER EDUCATION AND RESEARCH SRI BALAJI MEDICAL COLLEGE AND HOSPITAL

CASH RECEIPT

Date:	17-07-2021		No.: 1434
Received from	n Mr/Mrs/Ms/Dr	Dr. D.H. Gopalan	the amount of Rupees
-		Five Thousand only	
for	Na	tional E-conference in Anatomy	
Rs	5000		
Computer genera	ated receipt and may not rec	quired manual signature	Received by



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. Sony pourl
Designation: Acristant professor
Department: Microbiology

Event Details:

Event Name:

National t conference on antimicional stewardship

Event Date(s):

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
1/7/21	Registration Fee		Yes / No
	Travel Expenses	4	Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses	J ,	Yes / No
	Total	75,000 =	1

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign

BATHRIAMALCALAW, MELAKOTTAIYUR POST,





CASH RECEIPT

Date: 01-07-2021

No.: 761

NATIONAL E-CONFERENCE ON "ANTIMICROBIAL STEWARDSHIP: A REVISIT" - 2017

Received from Mr/Mrs/Ms/Dr	Dr. Sony paul	the amount of Rupees
	Five Thousand only	
for National E-c	onference on Anti Microbial Stewa	ardship
Rs 5000		Lime
Computer generated receipt and may not req	uired manual signature	Received by

DEAN

EGE & MOSPITAL ROST,



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Emp	lovee	Info	rmat	ion
2000	Just	110,00		LUII.

Name:

Dr. E. Premalatha

Designation:

Department:

professor

Event Details:

Event Name:

National & conference on anti-microbial Stewardship

Event Date(s):

1/4/21

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
1/7/21	Registration Fee	7	Yes/No
	Travel Expenses	15	Yes / No
[8]	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	\$5,000/-	1007140

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign





CASH RECEIPT

Date: 01-07-2021

No.: 760

NATIONAL E-CONFERENCE ON "ANTIMICROBIAL STEWARDSHIP: A REVISIT" - 2017

Received from N	Mr/Mrs/Ms/Dr	Dr. E. Premalatha	the amount of Rupees
-		Five Thousand only	
for	National E-conf	erence on Anti Microbial Stewa	rdship
Rs.	5000		
-	2	•	Lime
Computer generated	receipt and may not required	manual signature	Received by



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. E. premalatha

Designation: Assert perferses

Department: Much biology

Event Details:

Kennid Bane comse mochship a Attom

Event Name:

Event Date(s): 30/9/21

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
30/9/21	Registration Fee		Yes / No
WI	Travel Expenses		Yes / No
	Accommodation Expenses	1 7	Yes / No
X,	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	d 1500 F	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign



Rathinamangalam, Melakottaiyur Post, Chennai - 600127. Phone: 044 30101111, Fax: 044-222 5555, Email: tagoremch@gmail.com



Affiliated to the Tamil Nadu Dr.MGR Medical University & Recognized by the Ministry of Health & Family welfare Govt. of India New Delhi

Payment Receipt

	Date	2: 30-09-2021		No.: 22001
Re	eceived fr	om Mr/Mrs/Ms/Dr Dr.E.	Premalatha	the sum of Rupees
		One Thousand and Fi	ve hundred only	
for		Revised Basic Course V	Vorkshop & AETCC	М
82	Cash		Rs	1500/-
	UPI		Received by	R. Yar



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Tor. C.P. Luch

Designation:

professor a HOD pathology

Department:

Event Details:

Rensed Bani course mochshop a AtTam

Event Name: Event Date(s):

30/9/21

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
30(9/2/	Registration Fee)	Yes/No
	Travel Expenses		Yes / No
	Accommodation Expenses	7	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	21500/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

DEAN







Affiliated to the Tamil Nadu Dr.MGR Medical University & Recognized by the Ministry of Health & Family welfare Govt. of India New Delhi

Payment Receipt

	Date	e: 30-09-2021		No.: 21998	
Re	ceived f	rom Mr/Mrs/Ms/Dr	Dr. C. P. Luck	the sum of Rupees	
		One Thousand a	nd Five hundred only		
for	-	Revised Basic Cou	rse Workshop & AETCON	1	
[Cash	✓	Rs	1500/-	
	UPI		Received by:	R. You	

James 2

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. B.S. Sangeltha
Designation: Associate Professor

Pathology Department:

Event Details:

Event Name: Revised Bousic Course workshop & AETCOM

Event Date(s): 30/9/21

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	1500	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	1500	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign



Rathinamangalam, Melakottaiyur Post, Chennai - 600127.

Phone: 044 30101111, Fax: 044-222 5555, Email: tagoremch@gmail.com



Affiliated to the Tamil Nadu Dr.MGR Medical University & Recognized by the Ministry of Health & Family welfare Govt. of India New Delhi

Payment Receipt

Date: 3	30-09-2021		No.: 21983
Received from	Mr/Mrs/Ms/Dr	Dr.B.S.Sangeetha	the sum of Rupees
-	One Tho	usand and Five hundred	only
for	Revised Ba	asic Course Workshop &	AETCOM
Cash	V	Rs	1500/-
UPI		Recei	ived by: R. Jac



Rathinamangalam, Melakkottaiyur Post, Channai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. E. Dinesh Designation: Accorde perferrer Department: Pedratures

Event Details:

Event Name:

Removed Bornic Course mochshop - AFT 10 m

Event Date(s):

30/9/21

Event Location:

Expense Details:

Date	Expense Description	Amount in rupces	Receipt Attached?
30/9/21	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses	1	Yes / No
	Total	£ 1500/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign







Affiliated to the Tamil Nadu Dr.MGR Medical University & Recognized by the Ministry of Health & Family welfare Govt. of India New Delhi

Payment Receipt

	Date: 30-	09-2021		No.: 21994	
Re	ceived from M	r/Mrs/Ms/Dr	Dr. K. Dinesh	the sum of Rupees	
_		One Thou	sand and Five hundred only		
for		Revised Bas	ic Course Workshop & AETCOM	Л	
	Cash	V	Rs	1500/-	
	UPI		Received by:	R. Your	



EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. A. Vikram

Designation:

Associate perferror Pom

Department:

Event Details:

Event Name: Event Date(s): Revised Rasic wuse morbshap n AFTLOM 30/9/21

Event Location:

Expense Details:

I	Date		Expense Description	Amount in rupees	Receipt Attached?
30	19	21	Registration Fee		Yes / No
	22		Travel Expenses		Yes / No
			Accommodation Expenses	4	Yes / No
			Food Expenses		Yes / No
			Other Expenses	100	Yes / No
			Total	JE 1200	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign



Rathinamangalam, Melakottaiyur Post, Chennai - 600127.

Phone: 044 30101111, Fax: 044-222 5555, Email: tagoremch@gmail.com



Affiliated to the Tamil Nadu Dr.MGR Medical University & Recognized by the Ministry of Health & Family welfare Govt. of India New Delhi

Payment Receipt

	Date: 30-	09-2021		No.: 21991
Re	ceived from M	r/Mrs/Ms/Dr	Dr. A. Vikram	the sum of Rupees
		One Thou	sand and Five hundred o	nly
for		Revised Bas	sic Course Workshop & A	ETCOM
for	Cash	V	Rs	1500/-
	UPI		Receiv	red by: R. Yar



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. S. Suba Malini

Designation: Assistant Professor

Department:

Physiology

Event Details:

Event Name: Revised Basic Course workshop & AETCOM

Event Date(s): 30/9/21

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	1500	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	1500	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign



Rathinamangalam, Melakottaiyur Post, Chennai - 600127.

Phone: 044 30101111, Fax: 044-222 5555, Email: tagoremch@gmail.com

CERTIFIED

Affiliated to the Tamil Nadu Dr.MGR Medical University & Recognized by the Ministry of Health & Family welfare Govt. of India New Delhi

Payment Receipt

	Date:	30-09-2021			No.: 21982
Red	ceived fro	om Mr/Mrs/Ms/Dr	Dr.	S. Suba Malini	the sum of Rupees
		On	e Thousand and	Five hundred only	
for	1	Revi	sed Basic Cours	e Workshop & AETCON	1
	Cash	V		Rs	1500/-
	UPI			Received by:	R. You



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. Neverha

Designation:

Department:

dineor Ruedent dineory,

Event Details:

Parleputro. ALSCON 2021 12/03/21

Event Name:

Event Date(s):

Event Location:

Expense Details:

Date	Expense Description		Amount in rupees	Receipt Attached?
	Registration Fee	1	3,000	Yes / No
	Travel Expenses	1		Yes / No
	Accommodation Expenses		16,700	Yes / No
	Food Expenses			Yes / No
	Other Expenses	/	/	Yes / No
	Total		19,500	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign



American College of Surgeons India Chapter

CASH RECEIPT

No.: 1478

Date: 22-03-2021

Received Rs ______in words _____ Nineteen Thousand Five hundred only

from _______ Dr.Sirisha

for ______ Patliputra ACSCON 2021

2.15

Received by

Computer generated receipt and not required manual signature





Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. ejectha R.

Designation:

Department:

Professor AltoD Pharmacology

Event Details:

Event Name:

USLLON 2020

Event Date(s):

13/01/2020

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2,000	Yes / No
	Travel Expenses)	Yes / No
	Accommodation Expenses	4 14,900	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
D	Total	4,100	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign



USICON 2020





CASH RECEIPT

Date: 23-01-2020

No.: 4253

Received from Mr/Mrs/Ms/Dr	Dr. Geetha R	the amount of Rupees
Ninteen -	Thousand Nine Hundred only	
for	USICON 2020	

Rs. 19900

Computer generated receipt and may not required manual signature

2.1.2

Received by



Rathinamangalam, Melakkottaiyur Post, Channai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

D. A. FAROOK

Designation:

Department:

professor yeneral surpory

Event Details:

Event Name:

ASOMALON 2020

Event Date(s):

05/12/2020

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	8,000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	(0,000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign



CASH RECEIPT

Date: 05-12-2020		No.: 2660
Received from Mr/Mrs/Ms/D	r Dr. A. Farook	the sum of Rupees
	Ten Thousand only	
for	ASOMACON 2020	
Rs10000/-		

Computer generated receipt and may not required manual signature

Received by



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. le. Levapralessam

Designation:

Andrewor

Department:

general durping

Event Details:

Event Name:

AJOMALON 2020

Event Date(s):

05 12 2020

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	4 0000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	10,000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign



CASH RECEIPT

Date: 05-12-2020		No.: 2659	
Received from Mr/Mrs/Ms/Dr	Dr. K. Sivaprakasam	the sum of Rupees	
	Ten Thousand only		
for	ASOMACON 2020		
Rs. 10000/-			

Computer generated receipt and may not required manual signature

Received by

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
CHENNAI-600 127.



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. le. Levapralessam

Designation:

Andrewor

Department:

general durping

Event Details:

Event Name:

AJOMALON 2020

Event Date(s):

05 12 2020

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	4 000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	10,000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign



CASH RECEIPT

Date: 05-12-2020		No.: 2659
Received from Mr/Mrs/Ms/Dr	Dr. K. Sivaprakasam	the sum of Rupees
	Ten Thousand only	
for	ASOMACON 2020	
Rs 10000/-		

Computer generated receipt and may not required manual signature

Received by



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. Ezhelvannan

Designation:

Department:

Communety Nelson

Event Details:

Event Name:

USLLOW 2020

Event Date(s):

23/01/2020

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	3,000	Yes / No
	Travel Expenses	1	Yes / No
N.	Accommodation Expenses	4 161900	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	19,900	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Dean Sign

Accounts Officer Sign



USICON 2020





CASH RECEIPT

Date: 23-01-2020

No.: 4252

Received from Mr/Mrs/Ms/Dr	Dr. Ezhilvanan	the amount of Rupees
Ninteen	Thousand Nine Hundred only	
for	USICON 2020	

Rs. 19900

Computer generated receipt and may not required manual signature

2.1.1

Received by



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. le. Tawahar

Designation:

Department:

Storteres granders

Event Details:

Event Name:

Asoma cow 2020

Event Date(s):

05/11/2010

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2000	Yes / No
	Travel Expenses	1	Yes / No
	Accommodation Expenses	1000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	6000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign



CASH RECEIPT

Received from Mr/Mrs/Ms/Dr	Dr. K. Jawahar	the sum of Rupees
	Ten Thousand only	
for	ASOMACON 2020	

Rs. 10000/-

Date: 05-12-2020

Computer generated receipt and may not required manual signature

Received by

No.: 2661



Rathinamangalam, Melakkottalyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. K.B Prasanna

Designation:

Associate professor yourse midein

Department:

Event Details:

Event Name:

USULON 2020

Event Date(s):

23/01/2020

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	2000	Yes / No
	Travel Expenses	0	Yes / No
	Accommodation Expenses	(17,900	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	19,900	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign



USICON 2020





CASH RECEIPT

Date: 23-01-2020

No.: 4254

Received from Mr/Mrs/Ms/Dr	Dr. K.B. Prasanna the amount	
Ninteen	Thousand Nine Hundred only	
for	USICON 2020	

Rs. 19900

2.19=

Computer generated receipt and may not required manual signature

Received by



EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name: Dr. S. Volhaya Kumor Designation: Associate Professor Department: Openesal Surgery

Event Details:

Event Name:

IPHACON 2020

Event Date(s): 30/2/2020

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	4000	Yes/No
	Travel Expenses)	Yes / No
	Accommodation Expenses	(33,000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	37,000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign



IPHACON 2020







PAYMENT RECEIPT

Date: 30-02-2020

No.: 1278

Received	37000	in words Thirty Seven Thousand only		
from		Dr. S. Udh	ayakumar	
for		IPHACC	N 2020	

Computer generated receipt and may not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
BATHMARA MEDICAL, MEDIKOTTAIYUR POST,



Rathinamangalam, Melakkottaiyur Post, Chennal - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

D. A. Bolay?

Designation:

Department:

communety Medera

Event Details:

Event Name:

23/01/2020

Event Date(s):

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	4000	Yes / No
	Travel Expenses	1	Yes / No
	Accommodation Expenses	(18,900	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	19,900	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign

RATHINAMANGALAM, MELAKOTTAIYUR POST,



USICON 2020





CASH RECEIPT

Date: 23-01-2020

No.: 4251

Received from Mr/Mrs/Ms/Dr	Dr. A. Balaji	the amount of Rupees
Ninteen Th	nousand Nine Hundred only	
for	USICON 2020	

Rs. 19900

Computer generated receipt and may not required manual signature

2.15

Received by



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. Romergan Bigum dener rikedent general durping

Designation:

Department:

Event Details:

U11(0N 2020

Event Name: Event Date(s):

23/01/2020

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	1000	Yes / No
	Travel Expenses)	Yes / No
	Accommodation Expenses	18,900	Yes / No
	Food Expenses	40	Yes / No
	Other Expenses		Yes / No
	Total	19,900	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign

Dean Sign



USICON 2020





CASH RECEIPT

Date: 23-01-2020

No.: 4255

Received from Mr/Mrs/Ms/Dr	Dr. Rameejan Begum the amount of Ru	
Ninte	en Thousand Nine Hundred only	
for	USICON 2020	

Rs. 19900

21.1

Received by

Computer generated receipt and may not required manual signature



Rathinamangalam, Melakkottalyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. T.K.V. Sharavanan

Designation: 400 & professor

Department: General Medicine

Event Details:

Event Name: IPHA CON 2020

Event Date(s): 30/2/20

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	4000	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	33,000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	37000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign



IPHACON 2020







PAYMENT RECEIPT

Date:	30-02-2020	No.: 1277
Date.	30-02-2020	

Received	37000	7000 in words Thirty Seven Thousand only			
from		Dr. T.K.V. S	Sharavanan		
for		IPHACO	ON 2020		

Computer generated receipt and may not required manual signature



Rathinamangalam, Melakkottalyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. Sirisha

Designation:

Department:

Semon revolent General songery

Event Details:

Event Name:

Virtual ASICON 2020

Event Date(s): 17/12/2020

Event Location:

Expense Details:

Date	Expense Description Amount in rupees		Receipt Attached?
17/12/20	Registration Fee	7	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	4	Yes / No
	Food Expenses		Yes / No
	Other Expenses	1	Yes / No
	Total	2 10,000 1-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign



THE ASSOCIATION OF SURGEONS OF INDIA

CASH RECEIPT

Date:	17-12-2020	
No.:	3578	
Amount (Rs):	10000/-	

Received from	Dr.Sirisha the amount of	
	Ten thousand only	
for the purpose of	Virtual ASICON 2020	

Received by

P. P.l

Computer generated receipt and not required manual signature



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. Lenkho.

Designation:

Department:

dener Redent

Event Details:

Event Name:

ASO MACON - 2020

Event Date(s):

05/12/2020

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached
	Registration Fee	2000	Yes / No
	Travel Expenses)	Yes / No
	Accommodation Expenses	4 2000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	(0000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate. grigha

Employee Sign

Accounts Officer Sign

DEAN



CASH RECEIPT

Date: 05-12-2020		No.: 2658
Received from Mr/Mrs/Ms/Dr	Dr.Sirisha	the sum of Rupees
	Ten Thousand only	
for	ASOMACON 2020	
Rs 10000/-		

Computer generated receipt and may not required manual signature

Received by



Rathinamangalam, Melakkottalyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Designation:

Department:

Dr. A. Balage professor A HOD communety medecen

Event Details:

Event Name:

USICON 2019

Event Date(s):

25/01/2019

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
Registration Fee	Registration Fee	3000	Yes / No
	Travel Expenses)	Yes / No
	Accommodation Expenses	4 4,400	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	14,400	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign







CASH RECEIPT

Date: 25-01-2019

No.: 2554

Received from Mr/Mrs/Ms/Dr	Dr. A. Balaji	the amount of Rupees
Seventeen	Thousand Four Hundred only	
for	USICON 2019	
De 17400		2.1.1
Rs		Received by

Computer generated receipt and may not required manual signature



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. le. B. Draspanna

Designation:

Associate Professor general medicens

Department:

Event Details:

Event Name:

USLEON 2019

Event Date(s):

25/01/2019

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	3000	Yes / No
	Travel Expenses	1	Yes / No
	Accommodation Expenses	4 10,400	Yes / No
	Food Expenses	1 1419	Yes / No
	Other Expenses)	Yes / No
	Total	14,400	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign







CASH RECEIPT

Date: 25-01-2019

No.: 2552

Received from Mr/Mrs/Ms/Dr	Dr. K. B. Prasanna	the amount of Rupees
Seventee	n Thousand Four Hundred only	
for	USICON 2019	
Rs17400		Received by

Computer generated receipt and may not required manual signature



Rathinamangalam, Melakkottalyur Post, Chennal - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. Janung Rani

Designation:

Allocale profesor

Department:

Event Details:

REC-COR.

Event Name:

05-61-2019

Event Date(s):

SRHCQRI.

Event Location: Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
	Registration Fee	1500/-	Yes/No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses	,	Yes / No
	Total	(500/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign



SRI RAMACHANDRA

INSTITUTE OF HIGHER EDUCATION AND RESEARCH

(Category - I Deemed to be University) Porur, Chennai

CASH RECEIPT

Date: 05-01-2019

No.: 3158

Amount (Rs): 1500

Received from	Dr.S. Jamuna Rani	the amount of Rupees
	<amount in="" words=""></amount>	
for the purpose of	AET-COM, SRMC & RI	

Received by

Computer generated receipt and not required manual signature



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. Jenson Issac

Designation: professor n HoD

Department: Orthopordies.

Event Name: 39 th 1500t Orthoporehi morle Longren, Montreal
Event Date(s): 10/10/18
Event Location: Montreal, Canada.

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
10/10/18	Registration Fee		Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses	1	Yes / No
	Total	\$ 60,000 1-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign



PAYMENT RECEIPT

Date: 10-10-2018

No.: 3648

Received	60000/-	in words	Sixty thousand only	
from		Dr. Jense	on Issac	
for	39th Sicot C	orthopaedic World	Congress, Montreal, Canada	

Computer generated receipt and may not required manual signature



Rathinamangalam, Melakkottalyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. B. Kacpayam

Designation: Designation

Department:

Kadiology

Event Details:

Event Name:

SRMC OPTIMUS 18

Event Date(s):

Event Location:

semo

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
288 18	Registration Fee		Yes / No
7	Travel Expenses		Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	2 4975/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign



SRI RAMACHANDRA

INSTITUTE OF HIGHER EDUCATION AND RESEARCH

(Category - I Deemed to be University) Porur, Chennai

CA	SH	DE	CE	IDT

Date:	28-08-2018	
No.:	2549	
Amount (Rs):	4975	

Received from	Dr. B. Karpagam	the amount of Rupees
	Four Thousand nine hundred and seventy five only	
for the purpose of_	SRMC OPTIMUS` 18	

Received by

P. P.C

Computer generated receipt and not required manual signature



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee .	Information:
------------	--------------

Information: Dr. Maria Ceesha Fernando

Designation: professor

Department: Bio Chemistry

Event Details:

Event Name:

Revised Baric come much shop

Event Date(s):

22/6/18

Event Location:

Expense Details:

Date		Expense Description		Amount in re	upees	Receipt Attached?
22/6/	18	Registration Fee				Yes / No
		Travel Expenses				Yes / No
		Accommodation Expenses				Yes / No
		Food Expenses	4			Yes / No
		Other Expenses		4		Yes / No
		Total	\prod	2 5000	-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign

DEAN



SRI RAMACHANDRA

INSTITUTE OF HIGHER EDUCATION AND RESEARCH

(Category - I Deemed to be University) Porur, Chennai

C	A	SH	R	F	C	F	IP	T
1			111 /0	-	-	-		

Date: 22-06-2018

No.: 1882

Amount (Rs): 1500

Received from	Dr. Maria Leesha Fernando the amoun	
	Thousand five hundred only	
for the purpose of	Revised Basic course workshop	

Received by

Computer generated receipt and not required manual signature

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Designation:

Department:

Dr. S. A. Gamesh on: nt: Ophthalmology.

Event Details:

Event Name:

Prism 18

Event Date(s):

Event Location:

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached	
29/11/18	Registration Fee		Yes / No	
	Travel Expenses		Yes / No	
	Accommodation Expenses		Yes / No	
	Food Expenses		Yes / No	
	Other Expenses		Yes / No	
	Total	25,0001-		

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign



CHENGALPATTU MEDICAL COLLEGE

VOC Nagar, Chengalpattu, Vallam, Tamil Nadu 603001

CASH RECEIPT

Date: 29-11-2018	e .	No.: 2536
Received from Mr/Mrs/Ms/Dr	Dr. S.A. Ganesh	the sum of Rupees
	Five Thousand only	
for	PRISIM 18	
Rs 5000		Shahi
Computer generated receipt and may not req	uired manual signature	Received by



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employe	e Inform	tation:
---------	----------	---------

Name:

Dr. N. Grnasekaran

Designation:

Department:

Event Details:

Event Name:

seme optimus 18

Event Date(s):

28/8/18

Event Location: SKMC

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached?
28/8/18	Registration Fee		Yes / No
	Travel Expenses	/	Yes / No
	Accommodation Expenses		Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	724975/-	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

CHENNAI-600 127.



SRI RAMACHANDRA

INSTITUTE OF HIGHER EDUCATION AND RESEARCH

(Category - I Deemed to be University) Porur, Chennai

110000		-	_	-				_		
	ARA.	6	H		Man .			8	100	
	W B	-	THE REAL PROPERTY.		Signature .		No. of Lot	8	1	- 15
	The same	W		H 49	-	-	-	-	-	-

Date: 28-08-2018

No.: 2548

Amount (Rs): 4975

Received from	Dr. N. Gunasekaran	the amount of Rupees	
Management and a second property of the second	Four Thousand nine hundred and seventy five only		
for the purpose of_	SRMC OPTIMUS` 18		

Received by

P. P.l

Computer generated receipt and not required manual signature



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. SREF T. SUCHARITHA

Designation:

Department:

Communety Mideran

Event Details:

Event Name:

PRISIM 18

Event Date(s):

29/4/2018

Event Location:

Expense Details:

Date	Expense Description Amount in rupees		Receipt Attached?
7.	Registration Fee	9	Yes / No
	Travel Expenses		Yes / No
	Accommodation Expenses	5000	Yes / No
	Food Expenses		Yes / No
	Other Expenses	1	Yes / No
	Total	- 5000	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Accounts Officer Sign



CHENGALPATTU MEDICAL COLLEGE

VOC Nagar, Chengalpattu, Vallam, Tamil Nadu 603001

CASH RECEIPT

Date: 29	-11-2018		No.: 2537	
Received from Mr/Mrs/Ms/Dr		Dr. Sree T. Sucharitha	the sum of Rupees	
-		Five Thousand only		
for		PRISIM 18		
Rs	5000		Shahi	
Computer generated receipt and may not required manual signature			Received by	



Rathinamangalam, Melakkottaiyur Post, Chennai - 600 127.

EMPLOYEE REIMBURSEMENT FORM

Employee Information:

Name:

Dr. S. JUBAMALANI

Designation:

Associate profession

Department:

Phyreology.

Event Details:

Event Name:

BROZONE

Event Date(s):

Research technology.

Event Location:

27.2.2018

Expense Details:

Date	Expense Description	Amount in rupees	Receipt Attached
	Registration Fee	2000	Yes / No
- 80	Travel Expenses	1	Yes / No
	Accommodation Expenses	8000	Yes / No
	Food Expenses		Yes / No
	Other Expenses		Yes / No
	Total	000,00	

Declaration

I hereby confirm that the expenses listed above were incurred during my attendance at the mentioned event and are in line with the organization's reimbursement policy. I also acknowledge that the attached receipts are genuine and accurate.

Employee Sign

Accounts Officer Sign

Dean Sign



CASH RECEIPT

Date: 27-02-2018		No.: 1925
Received from Mr/Mrs/Ms/Dr	the amount of Rupee	
	Ten thousand only	
for Bio	zone Research Technologies Pvt.Ltd	
Rs10000/-		
Computer generated receipt and may not	Received by	

Computer generated receipt and may not required manual signature

TAGORE MEDICAL COLLEGE & HOSPITAL

RATHINAMANGALAM, MELAKOTTAIYUR POST, Chennai-600 127.